



February 13, 2004

ENGROSSED SENATE BILL No. 188

DIGEST OF SB 188 (Updated February 10, 2004 2:01 pm - DI 77)

Citations Affected: IC 16-18; IC 16-38.

Synopsis: Birth problems registry and cancer registry. Allows the state department of health to record certain nonmalignant tumors and diseases in the cancer registry. Requires ambulatory outpatient surgical centers and health facilities to report to the cancer registry. Changes the date by which the state department must publish an annual report to December 31. Includes pervasive developmental disorders and fetal alcohol spectrum disorders as birth problems and requires these disorders to be recorded in the birth problems registry if recognized in a child before the child is five years of age. Changes the age at which a birth problem may be recognized and recorded in the birth problems registry for other disorders until the child is three years of age.

Effective: July 1, 2004.

Gard, Simpson, Landske, Breaux
(HOUSE SPONSORS — CRAWFORD, BECKER, WELCH)

January 6, 2004, read first time and referred to Committee on Health and Provider Services.

January 15, 2004, amended, reported favorably — Do Pass.

January 20, 2004, read second time, ordered engrossed.

January 21, 2004, engrossed.

January 22, 2004, read third time, passed. Yeas 47, nays 0.

HOUSE ACTION

February 4, 2004, read first time and referred to Committee on Public Health.

February 12, 2004, reported — Do Pass.

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ES 188—LS 6471/DI 110+



February 13, 2004

Second Regular Session 113th General Assembly (2004)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2003 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 188

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-18-2-14 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 14. "Ambulatory
3 outpatient surgical center", for purposes of IC 16-21 **and IC 16-38-2**,
4 means a public or private institution that meets the following
5 conditions:

6 (1) Is established, equipped, and operated primarily for the
7 purpose of performing surgical procedures and services.

8 (2) Is operated under the supervision of at least one (1) licensed
9 physician or under the supervision of the governing board of the
10 hospital if the center is affiliated with a hospital.

11 (3) Permits a surgical procedure to be performed only by a
12 physician, dentist, or podiatrist who meets the following
13 conditions:

14 (A) Is qualified by education and training to perform the
15 surgical procedure.

16 (B) Is legally authorized to perform the procedure.

17 (C) Is privileged to perform surgical procedures in at least one

ES 188—LS 6471/DI 110+



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(1) hospital within the county or an Indiana county adjacent to the county in which the ambulatory outpatient surgical center is located.

(D) Is admitted to the open staff of the ambulatory outpatient surgical center.

(4) Requires that a licensed physician with specialized training or experience in the administration of an anesthetic supervise the administration of the anesthetic to a patient and remain present in the facility during the surgical procedure, except when only a local infiltration anesthetic is administered.

(5) Provides at least one (1) operating room and, if anesthetics other than local infiltration anesthetics are administered, at least one (1) postanesthesia recovery room.

(6) Is equipped to perform diagnostic x-ray and laboratory examinations required in connection with any surgery performed.

(7) Does not provide accommodations for patient stays of longer than twenty-four (24) hours.

(8) Provides full-time services of registered and licensed nurses for the professional care of the patients in the postanesthesia recovery room.

(9) Has available the necessary equipment and trained personnel to handle foreseeable emergencies such as a defibrillator for cardiac arrest, a tracheotomy set for airway obstructions, and a blood bank or other blood supply.

(10) Maintains a written agreement with at least one (1) hospital for immediate acceptance of patients who develop complications or require postoperative confinement.

(11) Provides for the periodic review of the center and the center's operations by a committee of at least three (3) licensed physicians having no financial connections with the center.

(12) Maintains adequate medical records for each patient.

(13) Meets all additional minimum requirements as established by the state department for building and equipment requirements.

(14) Meets the rules and other requirements established by the state department for the health, safety, and welfare of the patients.

SECTION 2. IC 16-38-2-1, AS AMENDED BY P.L.93-2001, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 1. (a) The state department shall establish a cancer registry for the purpose of:

(1) recording:

(A) all cases of malignant disease; and

(B) other tumors and precancerous diseases required to be

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reported by:

(i) federal law or federal regulation; or

(ii) the National Program of Cancer Registries;

that are diagnosed or treated in Indiana; and

(2) compiling necessary and appropriate information concerning those cases, as determined by the state department;

in order to conduct epidemiologic surveys of cancer and to apply appropriate preventive and control measures.

(b) The department may contract for the collection and analysis of, and the research related to, the epidemiologic data compiled under this chapter.

SECTION 3. IC 16-38-2-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 3. (a) The following persons shall report **to the cancer registry** each confirmed case of cancer ~~to the cancer registry~~ **and other tumors and precancerous diseases required to be recorded under section 1 of this chapter:**

(1) Physicians.

(2) Dentists.

(3) Hospitals.

(4) Medical laboratories.

(5) Ambulatory outpatient surgical centers.

(6) Health facilities.

(b) A person required to report information to the state cancer registry under this section may utilize, when available:

(1) information submitted to any other public or private cancer registry; or

(2) information required to be filed with federal, state, or local agencies;

when completing reports required by this chapter. However, the state department may require additional, definitive information.

SECTION 4. IC 16-38-2-11, AS ADDED BY P.L.93-2001, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 11. Not later than ~~July 1~~ **December 31** of each year, the department shall publish and make available to the public an annual report summarizing the information collected under this chapter during the previous calendar year.

SECTION 5. IC 16-38-4-1, AS AMENDED BY P.L.93-2001, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 1. As used in this chapter, "birth problems" means one (1) or more of the following conditions:

(1) A structural deformation.

(2) A developmental malformation.

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(3) A genetic, inherited, or biochemical disease.

~~(4) Birth weight less than two thousand five hundred (2,500) grams.~~

~~(5) (4) A condition of a chronic nature, including central nervous system hemorrhage or infection of the central nervous system, that may result in a need for long term health care.~~

~~(6) Stillbirth.~~

(5) A pervasive developmental disorder that is recognized in a child before the child becomes five (5) years of age.

(6) A fetal alcohol spectrum disorder that is recognized before a child becomes five (5) years of age.

(7) Any other severe disability that is:

(A) designated in a rule adopted by the state department; and

(B) recognized in a child after birth and before the child becomes ~~two (2)~~ **three (3)** years of age.

SECTION 6. IC 16-38-4-8, AS AMENDED BY P.L.11-2002, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 8. (a) The state department shall establish a birth problems registry for the purpose of recording all cases of birth problems that occur in Indiana residents and compiling necessary and appropriate information concerning those cases, as determined by the state department, in order to:

(1) conduct epidemiologic and environmental studies and to apply appropriate preventive and control measures;

(2) inform the parents of children with birth problems:

(A) at the time of discharge from the hospital; or

(B) if a birth problem is diagnosed during a physician or hospital visit that occurs before the child is:

(i) except as provided in item (ii), three (3) years of age at the time of diagnosis; or

(ii) five (5) years of age at the time of diagnosis if the disorder is a pervasive developmental disorder or a fetal alcohol spectrum disorder; ~~two (2) years of age, at the time of diagnosis;~~

about physicians, care facilities, and appropriate community resources, including local step ahead agencies and the infants and toddlers with disabilities program (IC 12-17-15); or

(3) inform citizens regarding programs designed to prevent or reduce birth problems.

(b) The state department shall record in the birth problems registry:

(1) all data concerning birth problems of children that are provided from the certificate of live birth; and

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(2) any additional information that may be provided by an individual or entity described in section 7(a)(2) of this chapter concerning a birth problem that is:

(A) designated in a rule adopted by the state department; and

(B) recognized:

(i) after the child is discharged from the hospital as a newborn; ~~and~~

(ii) before the child is ~~two (2)~~ **five (5)** years of age **if the child is diagnosed with a pervasive developmental disorder or a fetal alcohol spectrum disorder; and**

(iii) before the child is **three (3)** years of age for any diagnosis not specified in item (ii).

(c) The state department shall:

(1) provide a physician and a local health department with necessary forms for reporting under this chapter; and

(2) report to the legislative council any birth problem trends that are identified through the data collected under this chapter.

SECTION 7. IC 16-38-4-9, AS AMENDED BY P.L.93-2001, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 9. (a) Nurse midwives and individuals and entities described in section 7(a)(2) of this chapter shall report each confirmed case of a birth problem that is recognized at the time of birth to the registry not later than sixty (60) days after the birth. An individual or entity described in section 7(a)(2) of this chapter who recognizes a birth problem in a child after birth but before the child is ~~two (2)~~ **five (5)** years of age shall report the birth problem to the registry not later than sixty (60) days after recognizing the birth problem. Information may be provided to amend or clarify an earlier reported case.

(b) A person required to report information to the registry under this section may use, when completing reports required by this chapter, information submitted to any other public or private registry or required to be filed with federal, state, or local agencies. However, the state department may require additional, definitive information.

(c) Exchange of information between state department registries is authorized. The state department may use information from another registry administered by the state department. Information used from other registries remains subject to the confidentiality restrictions on the other registries.

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SENATE MOTION

Madam President: I move that Senators Simpson, Landske and Breaux be added as coauthors of Senate Bill 188.

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 188, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 2, line 42, delete "specified by" and insert **"required to be reported by:**

- (i) federal law or federal regulation; or**
- (ii) the National Program of Cancer Registries;"**.

Page 3, delete line 1.

Page 3, line 14, delete "specified by the state department:" and insert **"required to be recorded under section 1 of this chapter:"**.

Page 3, delete lines 29 through 36.

Page 4, line 14, delete "Autism and other neurological disorders." and insert **"A pervasive developmental disorder that is recognized in a child before the child becomes five (5) years of age.**

- (6) A fetal alcohol spectrum disorder that is recognized before a child becomes five (5) years of age."**

Page 4, line 15, reset in roman "(7)".

Page 4, line 15, delete "(6)".

Page 4, line 18, delete "five (5)" and insert **"three (3)"**.

Page 4, line 31, after "is" insert ":

- (i) except as provided in item (ii), three (3) years of age at the time of diagnosis; or**
- (ii) five (5) years of age at the time of diagnosis if the disorder is a pervasive developmental disorder or a fetal alcohol spectrum disorder;"**.

Page 4, line 31, after "two (2)" delete "five (5)".

Page 4, strike line 32.

Page 5, line 5, strike "and".

Page 5, line 6, delete "." and insert **"if the child is diagnosed with a pervasive developmental disorder or a fetal alcohol spectrum disorder; and**

- (iii) before the child is three (3) years of age for any diagnosis not specified in item (ii)."**

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 188 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 10, Nays 0.

ES 188—LS 6471/DI 110+



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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 188, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

BROWN C, Chair

Committee Vote: yeas 13, nays 0.

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